

ACCESSORIAL SERVICE REQUEST						DATE:																																					
RANK LAST NAME, FIRST NAME			SSAN:		BRANCH:		Inbound <input type="checkbox"/> Outbound <input type="checkbox"/>																																				
ADDRESS REQUIRING SERVICE <i>(Street/City/State/Zip)</i>																																											
HOME PHONE:		DUTY PHONE:		GBL NUMBER:		CODE OF SERVICE:																																					
DESTINATION:																																											
PACK:		PICKUP:		RDD/DELIVERY DATE:		PREMOVE DATE:																																					
ESTIMATED WEIGHT:																																											
TSP SCAC:		TSP CONTACT:			TSP PHONE:		TSP EMAIL:																																				
<div style="display: flex; justify-content: space-between;"> <div> 1. Requesting the following: <input type="checkbox"/> Shuttle Service <i>(identify equipment/manhours)</i> <input type="checkbox"/> Constructive Weight <i>(Local Moves Only)</i> </div> <div> <input type="checkbox"/> Unpacking UB/NTS <i>(Identify number and size of containers)</i> <input type="checkbox"/> Extra Labor <i>(Identify number of personnel/manhours)</i> <input type="checkbox"/> Other <i>(provide detailed description)</i> </div> </div> <p>NOTES:</p>																																											
2. Request crating for the following item(s): <i>(Include dimensions and quantity)</i> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;"></th> <th style="width: 10%;">Dim</th> <th style="width: 10%;">X</th> <th style="width: 10%;">X</th> <th style="width: 10%;">Qty</th> <th style="width: 25%;"></th> </tr> </thead> <tbody> <tr> <td>a. Item:</td> <td>Dim</td> <td>X</td> <td>X</td> <td>Qty</td> <td><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</td> </tr> <tr> <td>b. Item:</td> <td>Dim</td> <td>X</td> <td>X</td> <td>Qty</td> <td><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</td> </tr> <tr> <td>c. Item:</td> <td>Dim</td> <td>X</td> <td>X</td> <td>Qty</td> <td><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</td> </tr> <tr> <td>d. Item:</td> <td>Dim</td> <td>X</td> <td>X</td> <td>Qty</td> <td><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</td> </tr> <tr> <td>e. Item:</td> <td>Dim</td> <td>X</td> <td>X</td> <td>Qty</td> <td><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</td> </tr> </tbody> </table>									Dim	X	X	Qty		a. Item:	Dim	X	X	Qty	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	b. Item:	Dim	X	X	Qty	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	c. Item:	Dim	X	X	Qty	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	d. Item:	Dim	X	X	Qty	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	e. Item:	Dim	X	X	Qty	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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e. Item:	Dim	X	X	Qty	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved																																						
3. Request Third Party Service/Labor for the following: <input type="checkbox"/> German Schrunk <i>(identify number of pieces)</i> <input type="checkbox"/> Front Load Washer <i>(Provide estimate)</i> <input type="checkbox"/> Waterbed <input type="checkbox"/> Plasma TV <i>(Identify dimensions and estimate)</i> <input type="checkbox"/> Other <i>(provide detailed description)</i>																																											
NOTES:																																											
Official Use Only																																											
COMMENTS: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved </div> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> <div style="text-align: center;"> Authorization Number </div> <div style="border-top: 1px solid black; width: 250px; margin: 0 auto;"></div> <div style="text-align: center;"> Signature of Approving Official and Date </div> </div>																																											
DISPOSITION INSTRUCTIONS																																											
<small> PRIVACY ACT OF 1974: AUTHORITY 3/USC 406.5 USC 5726 PRINCIPAL PURPOSE(S): This form is used as a working document to insure that the military member, dependent, and Department of Defense employees receive proper information on the movement of their personal property within the Defense Transportation System. Routine uses: (A) used in determining validity of claims for damage and improper shipments filed by the member and any third party responsible, insures member receives proper briefing on entitlements and procedures. (B) Information on this form is released to carriers. Voluntary: Lack of the SSN on this form will not directly affect the member, however, when it is furnished, it precludes any possible mistaken identity when names are the same which is frequent occurrence. </small>																																											